

Sport _____

Registration Form

Please complete entire form and bring to registration. Thank you!

Participant's Name _____

Address: _____

Phone Day: _____ Phone Evening: _____

D.O.B: _____ Age: _____ Grade: _____

T-shirt Size: Youth M L XL Adult S M L XL XXL

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Concerns: _____

Health Insurance Company: _____

Subscriber Name (who policy is under): _____

Doctor's Name: _____ Phone #: _____

I, the undersigned, understand that there is an inherent risk in recreational programs and that the range of injury can be minor to severe. I also understand and accept that in case of injury, the Town of Eastham is responsible only for First Aid treatment. I further understand that participation in recreation programs requires all participants to behave in a sportsman-like manner.

Parent/Guardian Signature

Date